



PUBLIC NOTICE

Federal Communications Commission
445 12th St., S.W.
Washington, D.C. 20554

News Media Information 202 / 418-0500
Internet: <http://www.fcc.gov>
TTY: 1-888-835-5322

DA 04-527

WIRELINE COMPETITION BUREAU ANNOUNCES APPROVAL OF FCC FORM 472 AND FCC FORM 474 BY THE OFFICE OF MANAGEMENT AND BUDGET

(CC Docket No. 02-6)

Released: March 4, 2004

The Wireline Competition Bureau announces that the revised FCC Form 472 (Billed Entity Applicant Reimbursement Form (BEAR)) and the revised FCC Form 474 (Service Provider Invoice Form (SPI)) and instructions have been approved by the Office of Management and Budget (OMB).¹ These forms are to be used by applicants and /or service providers seeking reimbursement for discounts under the schools and libraries universal service support mechanism. Copies of the forms and instructions are attached to this document.

Copies of the revised FCC Form 472 and the revised FCC Form 474 may also be obtained from the Universal Service Administration Company (USAC) Schools and Libraries Web Page (<http://www.universalservice.org>). Parties with questions about the forms and instructions or are otherwise in need of assistance should contact SLD's Customer Service Support Center at 1-888-203-8100.

For further information, contact Kathy Tofigh, Attorney, Telecommunications Access Policy Division, Wireline Competition Bureau at (202) 418-7400.

¹ OMB Approval No. 3060-0856 (January 26, 2004)

Do not write in this space.

Approval by OMB
3060 - 0856**Schools and Libraries Universal Service
Billed Entity Applicant Reimbursement Form 472**For reimbursement of discounts on approved services already paid for by the Billed Entity Applicant
Only one Service Provider Identification Number (SPIN) per form

Estimated Average Burden Hours Per Response 1 5 hours

Must be completed and signed by the Billed Entity and signed by the relevant service provider.

Please read instructions before completing.

Persons willfully making false statements on this form can be punished by fine or forfeiture, under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

NOTICE Section 54.702 of the Federal Communications Commission's (FCC) rules requires the fund administrator to review bills for services and to determine the amount of universal service support to be disbursed to service providers. All schools and libraries and consortia of these entities who have received a Funding Commitment Decision Letter from the fund administrator and that have paid for in full the price of eligible services which are approved for discounts, and that seek reimbursement of the discounts, must file this Billed Entity Applicant Reimbursement Form. This Billed Entity Applicant Reimbursement Form informs the fund administrator of the amount of the discounts which the applicant has already paid and for which the applicant seeks reimbursement from its service provider. The collection of information stems from the Commission's authority under Section 254 of the Communications Act of 1934, as amended 47 U.S.C. § 254.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The FCC is authorized under the Communications Act of 1934, as amended, to collect the information we request in this form. We will use the information you provide to determine whether approving this form is in the public interest. If we believe there may be a violation or potential violation of a FCC statute, regulation, rule or order, your form may be referred to the Federal, state, or local agency responsible for investigating, prosecuting, enforcing or implementing the statute, rule, regulation or order. In certain cases, the information in your form may be disclosed to the Department of Justice or a court or adjudicative body when (a) the FCC, or (b) any employee of the FCC; or (c) the United States Government, is a party in a proceeding before the body or has an interest in the proceeding. In addition, information provided in or submitted with this form or in response to subsequent inquiries may also be subject to disclosure consistent with the Communications Act of 1934, FCC regulations, the Freedom of Information Act, 5 U.S.C. § 552, or other applicable law.

If you owe a past due debt to the federal government, information you provide may also be disclosed to the Department of the Treasury Financial Management Service, other federal agencies and/or your employer to offset your salary, IRS tax refund or other payments to collect that debt. The FCC may also provide this information to these agencies through the matching of computer records when authorized. If you do not provide the information requested on the form, your form may be returned without action or your form may be delayed. The foregoing Notice is required by the Paperwork Reduction Act of 1995, Pub. L. No. 104-13, 44 U.S.C. § 3501, et seq.

Public reporting burden for this collection of information is estimated to average 1 5 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing, and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the reporting burden, to the Federal Communications Commission, Performance Evaluation and Records Management, Washington, D.C. 20554.

Block 1: Billed Entity Information

1. **Billed Entity Name** (30 characters maximum)
2. **Billed Entity Number** (10 digits maximum)
3. **Service Provider Identification Number (SPIN)** (9 digits maximum)
4. **Contact Person's Name** (30 characters maximum)
- 5a. **Contact Telephone Number** (14 digits maximum)
- 5b. **Contact Fax Number** (10 digits maximum)
- 5c. **Contact E-mail Address**
6. **Applicant's Form Identifier** (assigned by Billed Entity -25 characters maximum)
7. **Date Form 472 Submitted to SLD** (mm/dd/yyyy)
8. **Total Reimbursement Amount** (total of Block 2, Item 15)

Billed Entity Number _____
 Applicant's Form Identifier _____
 Contact Person _____
 Contact Telephone Number _____

Block 2, page _____ of _____ Make as many copies of this page as necessary,
 and number the completed pages to assure that they are all processed correctly

BLOCK 2: Funding Request Number Information

	9	10	11	12	13	14	15
	Form 471 Application Number (from Funding Commitment Decision Letter)	Funding Request Number (FRN) (from Funding Commitment Decision Letter)		RECURRING SERVICES First month of the reimbursement period covered by each line (mm/yyyy)	NON-RECURRING SERVICES Delivery date for the service or first day of reimbursement period covered by each line (mm/dd/yyyy)	Total (Undiscounted) Amount Billed by Service Provider for Service	Total Discount Amount Billed to SLD
			DO NOT WRITE IN THIS COLUMN.	For each FRN, complete either Column 12 or Column 13, but NOT BOTH			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
TOTAL REIMBURSEMENT AMOUNT TO BE ENTERED INTO ITEM 8							

Billed Entity Number _____
Applicant's Form Identifier _____
Contact Person _____
Contact Telephone Number _____

Block 3: Billed Entity Certifications and Signature

I certify that I am authorized to submit this Form 472 on behalf of the eligible schools, libraries, or consortia of those entities represented on this form, and certify that I have examined this form and all the information on this form is true and correct to the best of my knowledge, information and belief, as follows:

- A The discount amounts listed in Column 15 of this Form 472 represent charges for eligible services previously delivered to and used by eligible schools and/or libraries for educational purposes, on or after the actual service start date reported on the associated Form 486
- B The discount amounts listed in Column 15 of this Form 472 were previously billed by the service provider and paid by the Billed Entity on behalf of eligible schools and/or libraries
- C The discount amounts listed in Column 15 of this Form 472 are for eligible services provided for eligible purposes to eligible entities approved by the fund administrator pursuant to a Funding Commitment Decision Letter
- D I recognize that I may be audited pursuant to this Form 472 and will retain for five years any and all records that I rely upon to fill in this form. This includes but is not limited to vendor invoices, documentation of payments, and certificates of completion and/or delivery.

16 Signature of authorized person

17 Date

18 Printed name of authorized person

19 Title or position of authorized person

20 Telephone number of authorized person

21 Address of authorized person

Billed Entity Number _____
Applicant's Form Identifier _____
Contact Person _____
Contact Telephone Number _____

Block 4: Service Provider Certifications and Signature

I certify that I am authorized to submit these Service Provider Certifications for this Form 472, and that I have examined this form, and to the best of my knowledge, information, and belief, all statements of fact contained herein are true, as follows.

- A My company will remit the discount amount authorized by the fund administrator to the Billed Entity who prepared and submitted this Form 472 as soon as possible after the fund administrator's notification to the service provider of the amount of the approved discounts on this Form 472, but in no event later than 20 calendar days after receipt of the reimbursement payment from the fund administrator, subject to the restriction set forth in B below
- B My company will remit payment of the approved discount amount to the Billed Entity prior to tendering or making use of the payment, issued by the Universal Service Administrative Company to the service provider, of the approved discounts for this Form 472
- C My company will not withhold any payment received from the fund administrator and due to the Billed Entity as an offset against any debts allegedly due to the service provider without the express written consent of the Billed Entity
- D This Form 472 contains requests for universal service support for eligible goods and services that have been provided by my company to eligible entities pursuant to the FRN(s) indicated. My company has received the total (undiscounted) amount indicated in Column 14 from the Billed Entity. The service provider has not provided the applicant's share of the prediscount cost of eligible services in cash, credit, or in goods and services of any kind nor has the service provider waived the applicant's share.
- E The service provider will provide documentation to the Billed Entity, the fund administrator, the FCC, or those acting on their behalf, upon request

22 Signature of authorized person

23 Date

24 Printed name of authorized person

25 Title or position of authorized person

26 Telephone number of authorized person

27 Address of authorized person

Page 4 of 4 pages

FCC Form 472 – January 2004

Please submit this form to

**SLD-BEAR Form 472
P. O. Box 7026
Lawrence, KS 66044-7026**

For express delivery services or U S Postal Service, Return Receipt Requested, mail this form (pages 1-4) to

**SLD BEAR Form 472
c/o Ms. Smith
3833 Greenway Drive
Lawrence, KS 66046**

**Schools and Libraries Universal Service
Billed Entity Applicant Reimbursement Form**

Estimated Average Burden Hours Per Response: 1.5 hours

**Instructions for Completing the
Schools and Libraries Universal Service
Billed Entity Applicant Reimbursement Form (FCC Form 472)**

CONTENTS

AT A GLANCE: 7 STEPS TO COMPLETING THIS FORM	Page 1
NOTICE	Page 1
I. INTRODUCTION	Page 2
II. FILING REQUIREMENTS AND GENERAL INSTRUCTIONS	Page 5
III. MINIMUM PROCESSING STANDARDS	Page 8
IV. SPECIFIC INSTRUCTIONS	Page 10

AT A GLANCE: 7 STEPS TO CORRECTLY COMPLETING THIS FORM
Follow these steps to prepare your Billed Entity Applicant Reimbursement Form.

1. Carefully read all of these Instructions.
2. If you have not already done so, complete and submit Form 486 before you submit this form.
3. Gather together your records of the bills you've paid for the service reported on this form.
4. Use your records, your Funding Commitment Decision Letter (FCDL) from SLD, your Form 486, and any additional information from your service provider to complete the Billed Entity Applicant Reimbursement Form.
5. Provide a copy of your completed Form 472 to your service provider with a request for your service provider to sign and return to you Block 4: Service Provider Certifications and Signature. Your service provider may return the signed Block 4 to you via fax, mail, or in person.
6. Attach the signed Block 4 to your original Form 472, make certain that you have signed Block 3, and make a copy of the entire completed Form 472 for your files.
7. Mail your original Form 472 to the address indicated in "Where to File," below and keep proof of mailing.

NOTICE

Section 54.702 of the Federal Communications Commission's (FCC) rules requires the fund administrator to review bills for services and to determine the amount of universal service support to be disbursed to service providers. All schools and libraries and consortia of those entities who have received an FCDL from the fund administrator and that have already paid for the eligible services which are approved for discounts, and that seek

reimbursement of the discounts, must file this Billed Entity Applicant Reimbursement Form. This Billed Entity Applicant Reimbursement Form informs the fund administrator of the amount of the discounts for which the applicant has already paid and for which the applicant seeks reimbursement from its service provider. The collection of information stems from the Commission's authority under Section 254 of the Communications Act of 1934, as amended, 47 U.S.C. § 254.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

The FCC is authorized under the Communications Act of 1934, as amended, to collect the information we request in this form. We will use the information you provide to determine whether approving this reimbursement form is in the public interest. If we believe there may be a violation or potential violation of a FCC statute, regulation, rule or order, your application may be referred to the Federal, state, or local agency responsible for investigating, prosecuting, enforcing or implementing the statute, rule, regulation or order. In certain cases, the information in your reimbursement form may be disclosed to the Department of Justice or a court or adjudicative body when (a) the FCC; or (b) any employee of the FCC; or (c) the United States Government, is a party in a proceeding before the body or has an interest in the proceeding.

If you owe a past due debt to the federal government, the information you provide may also be disclosed to the Department of the Treasury Financial Management Service, other federal agencies and/or your employer to offset your salary, IRS tax refund or other payments to collect that debt. The FCC may also provide this information to these agencies through the matching of computer records when authorized. In addition, information provided in or submitted with this form or in response to subsequent inquiries may also be subject to disclosure consistent with the Communications Act of 1934, FCC regulations, the Freedom of Information Act, 5 U.S.C. § 552, or other applicable law.

If you do not provide the information we request on the form, your form may be returned without action or your form application may be delayed.

The foregoing Notice is required by the Paperwork Reduction Act of 1995, Pub. L. No. 104-13, 44 U.S.C. § 3501, et seq. Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing, and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the reporting burden, to the Federal Communications Commission, Performance Evaluation and Records Management, Washington, D.C. 20554.

INTRODUCTION

The purpose of the Billed Entity Applicant Reimbursement Form is to request reimbursement for discounts on eligible services for which payment has already been made by the Billed Entity to the service provider. In these circumstances, completion of the Billed Entity Applicant Reimbursement Form (Form 472) is required to obtain reimbursement for discounts unless the Billed Entity and service provider have made mutually agreed-upon arrangements for reimbursement or implementation of the discounts. If such an arrangements have been mutually agreed upon, reimbursement of the discounts can be achieved by submission of a Service Provider Invoice Form (Form 474) to the fund administrator (SLD), following either the service provider's reimbursement to the Billed Entity or the implementation of the discounts.

NOTE: Pursuant to the FCC Second Report and Order (FCC 03-101) applicants may choose between

reimbursement or discounts. The SLD will then base the billing mode (reimbursement or discounting) on the first invoice type that it processes for payment. It is therefore imperative for the service provider and the customer to establish together the preferred invoicing mode noting the applicant's choice.

Throughout these Instructions, the Billed Entity will be referred to as "applicant" or "you," the relevant service provider will be referred to as "your service provider," and the Billed Entity Applicant Reimbursement Form will be referred to as "Form 472."

The applicant should prepare and submit a Form 472 to the SLD when ALL of the following conditions occur:

1. The applicant receives an FCDL from the SLD that approves discounts for eligible services; AND
2. The applicant is already receiving or has received these services, and has already paid the total cost for these services, including the price of the discounts; AND
3. The applicant has filed Form 486, Receipt of Service Confirmation Form; AND
4. The service provider providing these services has filed Form 473, Service Provider Annual Certification Form, for the relevant funding year.

The applicant will prepare a Form 472 for the amount of the approved discounts associated with the services set forth in Block 5 of the associated Form 471 (known as a Funding Request Number or FRN) which the applicant has already received and paid for. If the applicant will be seeking reimbursement for services provided by more than one service provider, as designated by a Service Provider Identification Number (SPIN) in the applicant's Form 486, the applicant will prepare a separate Form 472 for each SPIN. The reimbursement period for each FRN will begin with the Actual Service Start Date reported by the SLD on the applicant's Form 486 Notification Letter.

On the Form 472, the service provider must sign, certifying that:

- A. The service provider will remit the discount amount authorized by the fund administrator to the Billed Entity who prepared and submitted this Form 472 as soon as possible after the fund administrator's notification to the service provider of the amount of the approved discounts on this Form 472, but in no event later than 20 calendar days after receipt of the reimbursement payment from the fund administrator, subject to the restriction set forth in B. below.
- B. The service provider will remit payment of the approved discount amount to the Billed Entity prior to tendering or making use of the payment, issued by the Universal Service Administrative Company to the service provider, of the approved discounts for this Form 472.
- C. The service provider will not withhold any payment received from the fund administrator and due to the Billed Entity as an offset against any debts allegedly due to the service provider without the express written consent of the Billed Entity.
- D. This Form 472 contains requests for universal service support for eligible goods and services that have been provided to eligible entities pursuant to the FRN(s) indicated. The service provider has provided the services for which payment is sought, and has received the total (undiscounted) amount indicated in Column 14 from the Billed Entity. The service provider has not provided the applicant's share of the prediscount cost of eligible services in cash, credit, or in goods and services of any kind nor has the service provider waived the applicant's share.
- E. The service provider will provide documentation to the Billed Entity, the fund administrator, the FCC, or those acting on their behalf, upon request.

Important Note: These Certifications, contained in Block 4 of the Form 472, must be submitted by the Billed Entity **as part of** the complete submission of the Form 472 to the SLD. If the Form 472 is submitted without the signature of your service provider on the Certifications, the Form 472 will not be processed and will be returned to you.

FILING REQUIREMENTS AND GENERAL INSTRUCTIONS

Who Must File?

The Billed Entity representing a school, library, library consortium, or consortium of multiple entities (hereinafter referred to as "school or library") who:

1. completed and submitted the Form 471, Services Ordered and Certification Form; **and**
2. filed the Form 486, Receipt of Service Confirmation Form; **and**
3. received and paid in full for services since the Actual Service Start Date and now seeks to receive reimbursement for the discounted portion

must submit this Form 472 to the SLD.

How Many Forms 472 to File?

You must submit a separate Form 472 for each service provider with a separate Service Provider Identification Number (SPIN) whose services you have already received and paid for since the Actual Service Start Date on the 486 Notification Letter. For each SPIN, your Form 472 should contain information for every FRN for services delivered by that service provider AND for which you have received your FCDL AND for which you are requesting reimbursement. Please be sure that each Form 472 that you complete contains only one SPIN; but remember that all of the FRNs for which you have received your FCDL for one SPIN can be listed on one Form 472.

Examples

- You have received one FCDL (based on one Form 471) that has five FRNS approved for discounts:
 - SPIN #143111111 is associated with three FRNs
 - SPIN #143222222 is associated with one FRN
- SPIN #143333333 is associated with one FRN. You are ready to request reimbursements on all five FRNs.

Submit three Forms 472: one listing all the FRNs associated with SPIN #143111111, one for SPIN #143222222, and one for SPIN #143333333.

- You have received two FCDLs on the same date, based on two Forms 471.
 - One FCDL approves discounts for two FRNs associated with SPIN #143111111.
 - The other FCDL approves discounts for three FRNs also associated with SPIN #143111111.
- You are ready to request reimbursements on all five FRNs.

Submit just one Form 472 listing all the FRNs associated with SPIN #143111111.

When to File?

The Form 472 should be filed after you have received and paid for eligible services covered by your Form(s) 471 and you have filed a Form 486 (Receipt of Service Confirmation) for the pertinent FRNs approved in your FCDL.

You may submit the Form 472 once a year for reimbursement of the discounts for non-recurring services for the entire year. You may file more frequently. Quarterly filing of Forms 472 for recurring services is recommended as that allows for a smoother processing flow with fewer delays in the distribution of authorized funds, and it assists service providers in their review of certifications for the Forms.

NOTE: If the SLD has adjusted your Actual Service Start Date, as reflected on your Form 486 Notification Letter, the SLD will not honor Forms 472 with recurring services dates in Column 12 or non-recurring services dates in Column 13 prior to the Adjusted Service Start Date.

INVOICE DEADLINES AND EXTENSION REQUESTS

Invoice Deadlines

After a Form 486 has been properly filed, the SLD must receive an invoice from either the applicant (Form 472) or the service provider (Form 474) in order to make payments for approved discounts on eligible services

Invoices must be postmarked no later than.

- 120 days after the last date to receive service or
- 120 days after the date of the Form 486 Notification Letter

whichever is later

If an invoice is postmarked after the deadlines listed above, payment will be denied.

Invoice Deadline Extension Requests

Information is available in the Invoice Deadline and Extension Requests document posted in the Reference Area of the SLD web site at www.sl.universalservice.org. Information is also available by sending an e-mail to question@universalservice.org, by sending a fax to 1-888-276-8376, or calling the SLD Client Service Bureau at 1-888-203-8100.

Where to File?

The Form 472 currently can only be filed on paper with the SLD at: **SLD-BEAR Form, P.O. Box 7026, Lawrence, KS 66044-7026**. For those applicants using express delivery services or U.S. Postal Service Return Receipt Requested, send to: **SLD-BEAR Form, c/o Ms. Smith, 3833 Greenway Drive, Lawrence, KS 66046**.

Note: DO NOT FILE THIS OR ANY OTHER UNIVERSAL SERVICE FORM WITH THE FEDERAL COMMUNICATIONS COMMISSION.

Compliance.

Anyone filing false information is subject to penalties for false statements, including fine or forfeiture, under the Communications Act, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

All of the information required in the Form 472 must be completed, in order for this Form 472 to be accepted by the SLD for entry into our data system. A valid entry must be submitted by the Billed Entity for each component of information required. These instructions set forth the requirements for a valid entry. If you have any questions about completing this Form 472, please contact the SLD Client Service Bureau at 1-888-203-8100, or visit the

SLD web site at www.sl.universalservice.org, before submitting the Form 472. If the Form 472 is not properly completed, it may be rejected and returned to you.

Where to Get More Information?

Information is available on the Schools and Libraries Division's web site at www.sl.universalservice.org. Information is also available by sending an E-mail to question@universalservice.org by sending a fax to 1-888 - 276-8736, or by calling the SLD Client Service Bureau at 1-888-203-8100.

FORM 472 MINIMUM PROCESSING STANDARDS

When a Form 472 is submitted on paper and received by the SLD, the form is first reviewed to make sure it complies with the following requirements before data entry begins. These minimum processing requirements are necessary in order to ensure the timely and efficient processing of properly completed invoices. If a Form 472 fails to meet these requirements, the form will be rejected. The SLD may be prevented from returning the rejected form to the sender if the form lacks essential identifying information. If an applicant receives a returned Form 472, it is important that it resubmit the corrected form quickly. The postmark date of that corrected form will be the postmark date for the purpose of the invoice deadline.

1. **Correct Form:** Each Form 472 must be:
 - a. the correct, OMB-approved FCC Form 472, with a date of May 2003 in the lower right-hand corner;
 - b. submitted by regular mail, express delivery or U.S. Postal Service Return Receipt Requested, or hand delivery. Forms may not be submitted by fax or e-mail. You are advised to keep proof of the date of mailing.
2. **Billed Entity Information:** In Block 1, each of the following items must be properly completed. The "Billed Entity" is the entity actually paying the bills for the FRNs listed on the Form 472.
 - a. Either Item 1 - 471 Billed Entity Name or Item 2 - 471 Billed Entity Number;
 - b. Item 3 - Service Provider Identification Number (SPIN);
 - c. Item 4 - Contact Person Name;
 - d. Item 5a - Contact Telephone Number;
 - e. Item 8 - Total Reimbursement Amount. (If Item 8 is not completed, Block 2, Column 15 must contain an entry for each completed line.)

If any one of Items 2, 4 or 5a is blank, and the information cannot be obtained from the page headers, the Form 472 will be rejected.

3. **Complete Submission of Form 472:** All 4 blocks of the Form 472 must be submitted. If any Block (1-4) of the paper form is missing or blank, the form will be rejected.
4. **Valid Certifications:** In Block 3 and Block 4, each of the following must be properly completed.
 - a. Block 3, Item 16, Signature of authorized person (authorized to submit the Form 472 on behalf of the Billed Entity);
 - b. Block 4, Item 22, Signature of authorized person (authorized to submit the Service Provider Certifications and Signature for the Form 472)

If either of these items is blank, or both items are signed by the same person, the Form 472 will be rejected.

SPECIFIC INSTRUCTIONS

Type or clearly print in the spaces provided. Applicants may attach additional pages if necessary.

Block 1 Header Information

Item 1 - Billed Entity Name. Provide the name of the Billed Entity as reported on the corresponding FCDL.

Item 2 - Billed Entity Number. Provide the Billed Entity Number as it appears on your FCDL for the corresponding Form 471. **Please be sure to obtain this information from your FCDL, as the information may have been reported differently in your original Form 471 application.**

Item 3 - Service Provider Identification Number (SPIN). Provide the number assigned to the service provider who is delivering the services for which you are submitting this Form 472. Remember, only one SPIN is permitted per form.

Item 4 - Contact Person's Name. Provide the name of the person who should be contacted if the SLD has questions about this Form 472. The contact person must be able to answer questions in a timely manner regarding the information included in this Form 472 and about the eligible services that have been or are being provided.

Item 5 - Contact Telephone Number, Fax Number, and E-mail Address. Provide the Telephone Number with area code for contacting the person identified in Item 4. You may also include an extension of up to four (4) digits for a total of 14 digits. Also provide the Fax Number and complete E-mail Address for contacting the person in Item 4, if available.

Item 6 - Applicant's Form Identifier. Please assign a unique number of your own devising, such as the invoice number of a service provider bill, to facilitate processing of THIS particular Form 472.

Item 7 - Date Form 472 Submitted to SLD. Provide the date that you completed and mailed **this** Form 472 to the SLD.

Item 8 - Total Reimbursement Amount. Provide the total amount associated with this Form 472. **This amount must equal the sum of the entries in Column 15.**

Top of each page after page 1: To help alleviate problems caused if the pages of this form become separated, please provide the Entity Number (Item 2), your Applicant's Form Identifier (Item 6), and name and phone number of the contact person (Item 4 and Item 5a) at the top of each page in the space provided.

Block 2 Line Item Information per Funding Request Number

Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

Columns 9 through 15

The information requested in the following Columns should be completed for each FRN when:

1. you are already receiving or have received the service(s); and
2. the service was delivered to you on or after the Actual Service Start Date reported on your Form 486 Notification Letter (which may have been adjusted by the SLD); and

3 you already paid in full for the services you are receiving or have received.

Please remember that all FRNs included on this Form 472 must be associated with the **same service provider** whose SPIN is listed in **Block 1, Item 3**.

Column 9 - Form 471 Application Number. This is the number the SLD assigned to the Form 471 associated with the FRN on this line. This number can be obtained from your FCDL.

Column 10 - Funding Request Number (FRN). This is the number SLD assigned to each Block 5 of your Form 471. Each FRN is set forth in your FCDL.

Column 11 - Please do not write in this Column

Please do NOT complete BOTH Columns 12 and 13 in the same line. EITHER Column 12 OR Column 13 should be completed for each line. If you file more than one Form 472 for the same FRN or if you repeat the same FRN on multiple lines of one Form 472, each form or line should have a different entry in Column 12 or in Column 13.

Column 12 –RECURRING SERVICES: First month of the reimbursement period covered by each line.

This Column should be completed for reimbursement of bills for recurring services billed and paid on a monthly or other-than-monthly basis (e.g., quarterly, semi-annually, or annually). For approved recurring services billed for the period covered on a line of this Form 472, the entry in Column 12 should be the month and year of the first bill that you received for the period covered by this line from the service provider on or after the Actual Service Start Date for this FRN on your Form 486 Notification Letter (which may have been adjusted by the SLD).

This date must be in 2-digit month and 4-digit year (mm/yyyy) format.

Column 13 – NON-RECURRING SERVICES: Delivery date for the service or first day of reimbursement

period covered by each line. This Column should be completed for non-recurring products/services. The date in Column 13 should be either the date that products/services were shipped or delivered on or after the Actual Service Start Date on your Form 486 Notification Letter (which may have been adjusted by the SLD) or the date of the bill that you received for the period covered by this line.

This date must be in 2-digit month, 2-digit day, and 4-digit year (mm/dd/yyyy) format.

Column 14 - Total (Undiscounted) Amount Billed by Service Provider for Service. This amount is the total billed by and paid to the Service Provider for this FRN for the reimbursement period covered by this line item.

Column 15 - Total Discount Amount Billed to SLD. The discount amount represents the total amount of funds for which you are seeking reimbursement—that is, your discounted portion of eligible costs in Column 14. Before applying the approved discount percentage to the amount in Column 14, you must deduct charges for any ineligible services, or for eligible services delivered for ineligible recipients or used for ineligible purposes. After deducting these charges from the amount in Column 14, apply the approved discount percentage reflected in your FCDL for this FRN, and enter the resulting total in Column 15. This number can be greater than your remaining funding commitment amount, if for accounting purposes you must enter the total of your actual bills.

NOTE: The SLD will NOT reimburse any amounts that exceed your total approved funding commitment amount.

Block 3 Billed Entity Certifications and Signature

The Billed Entity must sign the Certification to confirm:

- A. The discount amounts listed in Column 15 of this Billed Entity Applicant Reimbursement Form represent charges for eligible services previously delivered to and used by eligible schools and/or libraries for educational purposes, on or after the actual service start date reported on the associated Form 486.
- B. The discount amounts listed in Column 15 of this Billed Entity Applicant Reimbursement Form were previously billed by the service provider and paid by the Billed Entity on behalf of eligible schools and/or libraries.
- C. The discount amounts listed in Column 15 of this Billed Entity Applicant Reimbursement Form are for eligible services provided for eligible purposes to eligible entities approved by the fund administrator pursuant to a Form 471 FCDL.
- D. I recognize that I may be audited pursuant to this application and will retain for five years any and all records that I rely upon to fill in this form. This includes but is not limited to vendor invoices, documentation of payments, and certificates of completion and/or delivery.

Item 16 – Signature of authorized person The signature of the authorized person who can sign and certify on behalf of the Billed Entity. This is an individual who is designated by the Billed Entity and has the knowledge and authority required to make these Certifications.

Item 17 Date The date of the signature of the Form 472.

Item 18 - Printed name of authorized person. Print the name of the authorized person whose signature is provided in Item 16.

Item 19 - Title or position of authorized person. Provide the title or position of the authorized person whose signature is provided in Item 16.

Item 20 - Telephone number of the authorized person. Provide the telephone number, including area code, of the authorized person whose signature is provided in Item 16.

Item 21 - Address of authorized person. Provide the address of the authorized person whose signature is provided in Item 16.

Block 4 Service Provider Certifications and Signature

Important Note: These Certifications, which is Block 4 of the Form 472, must be submitted by the Billed Entity as part of the completed, entire Form 472 to the SLD. If the Form 472 is submitted without the signature of your service provider on these Certifications, the Form 472 will not be processed and it will be returned to you.

The service provider whose SPIN is listed in Block 1, Item 3 must sign these Certifications that confirm the following:

I certify that I am authorized to submit these Service Provider Certifications for this Form 472, and that I have examined this form, and to the best of my knowledge, information, and belief, all statements of fact contained herein are true, as follows:

- A. My company will remit the discount amount authorized by the fund administrator to the Billed Entity who prepared and submitted this Form 472 as soon as possible after the fund administrator's notification to the service provider of the amount of the approved discounts on this Form 472, but in no event later than 20 calendar days after receipt of the reimbursement payment from the fund administrator, subject to the restriction set forth in B. below.
- B. My company will remit payment of the approved discount amount to the Billed Entity prior to tendering or making use of the payment, issued by the Universal Service Administrative Company to the service provider, of the approved discounts for this Form 472.
- C. My company will not withhold any payment received from the fund administrator and due to the Billed Entity as an offset against any debts allegedly due to the service provider without the express written consent of the Billed Entity.
- D. This Form 472 contains requests for universal service support for eligible goods and services that have been provided by my company to eligible entities pursuant to the FRN(s) indicated. My company has received the total (undiscounted) amount indicated in Column 14 from the Billed Entity. The service provider has not provided the applicant's share of the prediscount cost of eligible services in cash, credit, or in goods and services of any kind nor has the service provider waived the applicant's share.
- E. The service provider will provide documentation to the Billed Entity, the fund administrator, the FCC, or those acting on their behalf, upon request.

Item 22 - Signature of authorized person The signature of an authorized person who can sign and certify on behalf of a service provider. This is an individual who is authorized by the service provider and has the knowledge required to make these Certifications.

Item 23 - Date. The date of the signature in Item 22 of the Form 472.

Item 24 - Printed name of authorized person. Print the name of the authorized person whose signature is provided in Item 22.

Item 25 - Title or position of authorized person. Provide the title or position of the authorized person whose signature is provided in Item 22.

Item 26 - Telephone number of authorized person. Provide the telephone number of the authorized person whose signature is provided in Item 22.

Item 27 - Address of authorized person. Provide the address of the authorized person whose signature is provided in Item 22.

Schools and Libraries Universal Service
Service Provider Invoice Form 474
 Estimated Average Burden Hours Per Response: 1.5 hours

Please read instructions before completing

 Form 474 Invoice # _____
 (To be inserted by Fund Administrator)

Persons willfully making false statements on this form can be punished by fine or forfeiture, under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001

NOTICE Section 54702 of the Federal Communications Commission's (FCC) rules requires the fund administrator to review bills for services and to determine the amount of universal service support to be disbursed to service providers. All service providers that have signed a contract or have tariffs in effect under which they provide discounted service to eligible schools and libraries who have received a Funding Commitment Decisions Letter from the fund administrator are required to submit this Service Provider Invoice Form to obtain universal service support for the amount of the discounts provided to eligible schools and libraries. This Service Provider Invoice Form informs the fund administrator of the amount of the discounts provided to eligible schools and libraries and for which the service provider seeks universal service support. The collection of information stems from the Commission's authority under Section 254 of the Communications Act of 1934, as amended, 47 U.S.C. § 254.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

The FCC is authorized under the Communications Act of 1934, as amended, to collect the information we request in this form. We will use the information you provide to determine whether approving this form is in the public interest. If we believe there may be a violation or potential violation of a FCC statute, regulation, rule or order, your form may be referred to the Federal, state, or local agency responsible for investigating, prosecuting, enforcing or implementing the statute, rule, regulation or order. In certain cases, the information in your form may be disclosed to the Department of Justice or a court or adjudicative body when (a) the FCC, or (b) any employee of the FCC, or (c) the United States Government, is a party in a proceeding before the body or has an interest in the proceeding. In addition, information provided in or submitted with this form or in response to subsequent inquiries may also be subject to disclosure consistent with the Communications Act of 1934, FCC regulations, the Freedom of Information Act, 5 U.S.C. § 552, or other applicable law.

If you owe a past due debt to the federal government, the information you provide may also be disclosed to the Department of the Treasury Financial Management Service, other federal agencies and/or your employer to offset your salary, IRS tax refund or other payments to collect that debt. The FCC may also provide this information to these agencies through the matching of computer records when authorized.

If you do not provide the information requested on the form, your form may be cancelled or delayed.

The foregoing Notice is required by the Paperwork Reduction Act of 1995, Pub. L. No. 104-13, 44 U.S.C. § 3501, *et seq.*

Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing, and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the reporting burden to the Federal Communications Commission, Performance Evaluation and Records Management, Washington, D.C. 20554.

Block 1: Service Provider Information

1. Service Provider Name (20 characters maximum)
2. Service Provider Identification Number (SPIN) (9 characters maximum)
3. Contact Person's Name (30 characters maximum)
- 4a. Contact Telephone Number (14 digits maximum) 4b. Contact Fax Number (10 digits maximum)
- 4b. Contact E-Mail Address
5. Service Provider's Form Identifier (25 characters maximum)
6. Date Form 474 Submitted to SLD (mm/dd/yyyy)
7. Total Invoice Amount (total of Block 2, Item 14)

SPIN _____
 Service Provider Form Identifier _____
 Contact Person _____
 Contact Telephone Number _____

Block 2, Page ____ of ____

Make as many copies of this page as necessary,
 and number the completed pages to assure that they are all processed correctly

BLOCK 2: Funding Request Number Information

	8	9	10	11	12	13	14
	Form 471 Application Number (from Funding Commitment Decision Letter)	Funding Request Number (FRN) (from Funding Commitment Decision Letter)	Bill Frequency (e g , Monthly, Quarterly, Annually, One-time, Other)	<u>RECURRING SERVICES</u> First Month of the reimbursement period covered by each line (mm/yyyy)	<u>NON-RECURRING SERVICES</u> Delivery date for the service or reimbursement period covered by each line(mm/dd/yyyy)	Total (Undiscounted) Amount for Service per FRN	Discount Amount Billed to SLD
	For each FRN, there should be an entry in Column 11 or Column 12 but NOT BOTH						
1							
2							
3							
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12							
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**Schools and Libraries Universal Service
Service Provider Invoice Form**

Estimated Average Burden Hours Per Response: 1.5 hours

**Instructions for Completing the
Schools and Libraries Universal Service
Service Provider Invoice Form (FCC Form 474)**

CONTENTS

	NOTICE	Page 1
I.	INTRODUCTION	Page 2
II.	FILING REQUIREMENTS AND GENERAL INSTRUCTIONS	Page 3
III.	SPECIFIC INSTRUCTIONS	Page 5

NOTICE

Section 54.702 of the Federal Communications Commission's rules requires the fund administrator to review bills for services and to determine the amount of universal service support to be disbursed to service providers. All service providers that have signed a contract or have tariffs in effect under which they provide discounted service to eligible schools and libraries who have received a Funding Commitment Decision Letter from the fund administrator are required to submit the Service Provider Invoice Form to obtain universal service support for the amount of the discounts provided to eligible schools and libraries. The Service Provider Invoice Form informs the fund administrator of the amount of the discounts provided to eligible schools and libraries and for which the service provider seeks universal service support. The collection of information stems from the Commission's authority under Section 254 of the Communications Act of 1934, as amended, 47 U.S.C. § 254.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

The FCC is authorized under the Communications Act of 1934, as amended, to collect the information we request in this form. We will use the information you provide to determine whether approving this form is in the public interest. If we believe there may be a violation or potential violation of an FCC statute, regulation, rule or order, your form may be referred to the Federal, state, or local agency responsible for investigating, prosecuting, enforcing or implementing the statute, rule, regulation or order. In certain cases, the information in your form may be disclosed to the Department of Justice or a court or adjudicative body when (a) the FCC; or (b) any employee of the FCC; or (c) the United States Government, is a party in a proceeding before the body or has an interest in the proceeding. In addition, information provided in or submitted with this form or in response to subsequent inquiries may also be subject to disclosure consistent with the Communications Act of 1934, FCC regulations, the Freedom of Information Act, 5 U.S.C. § 552, or other applicable law.

If you owe a past due debt to the federal government, the information you provide may also be disclosed to the Department of the Treasury Financial Management Service, other federal agencies and/or your employer to offset your salary, IRS tax refund or other payments to collect that debt. The FCC may also provide this information to these agencies through the matching of computer records when authorized.

If you do not provide the information requested on the form, your form may be cancelled or delayed.

The foregoing Notice is required by the Paperwork Reduction Act of 1995, Pub. L. No. 104-13, 44 U.S.C. § 3501, *et seq.*

Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing, and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the reporting burden, to the Federal Communications Commission, Performance Evaluation and Records Management, Washington, D.C. 20554.

I. INTRODUCTION

The purpose of the Service Provider Invoice Form is to request reimbursement for discounts that the service provider has already provided to eligible schools and/or libraries for eligible services. Completion of the Service Provider Invoice Form (Form 474) is required unless the Billed Entity has paid the total cost for these services, including the price of the discounts, and have made their own mutually agreed upon arrangements with the service provider for reimbursement of the discounts. In that event, reimbursement of the discounts can be achieved by submission of a Billed Entity Applicant Reimbursement Form (Form 472) to the fund administrator (SLD).

NOTE Pursuant to the FCC Second Report and Order (FCC 03-101) applicants may choose between reimbursement or discounts. The SLD will then base the billing mode (discounting or reimbursement) on the first invoice type that it processes for payment. It is therefore imperative for the service provider and the Billed Entity (hereinafter referred to as "your customer") to establish together the preferred invoicing mode noting the applicant's choice.

The service provider should prepare and submit a Service Provider Invoice Form to the SLD when ALL of the following conditions occur:

1. The service provider receives a Funding Commitment Decision Letter (FCDL) from the SLD which approves discounts for eligible services;
2. The service provider is already providing or has provided these services;
3. The service provider has received a Form 486 Notification Letter for these FRNs; AND
4. The service provider has filed Form 473, Service Provider Annual Certification Form.

II. FILING REQUIREMENTS AND GENERAL INSTRUCTIONS

Who Must File?

The service provider that has provided discounted eligible services and discounted bills to eligible schools, school districts, libraries, library consortia and consortia of multiple entities, pursuant to an FCDL issued by the SLD, must file this Form 474 to seek reimbursement for the cost of the discounts.

The service provider must be the entity whose Service Provider Identification Number (SPIN) is associated with a service or group of services in a Funding Request Number (FRN) approved by SLD. An FRN is a service or group of services for which funding was requested in a distinct Block 5 of the applicant's Form 471. After review of these requests, SLD will issue an FCDL to each applicant who submitted the FCC Form 471, Services Ordered and Certification Form, and to each service provider whose SPIN is identified on a Form 471 as the provider of the services for which discounts have been requested. The FCDL will identify the amount of discounts that have been approved for each FRN and the SPIN for the service provider that is authorized to provide the discounted services. Throughout these Instructions, the service provider will be referred to as "you."

When to File?

If you have not done so already, please be sure to complete and submit Form 473, Service Provider Annual Certification Form. To confirm that the service provider's invoice forms are completed in compliance with FCC rules governing the schools and libraries universal service support mechanism, the Form 473 must be completed. Form 473 must be completed and submitted by the service provider after the opening of the Form 471 filing window for the pertinent funding year, AND prior to the service provider submitting its first invoice form to SLD. No invoices will be paid without a Form 473 filed for the pertinent funding year.

The Form 474 should be filed after you have provided and invoiced the Billed Entity for eligible services for approved FRNs as reported by the SLD in an FCDL. The SLD will issue a Form 486 Notification Letter to advise you that the Billed Entity has filed a Form 486, Receipt of Services Confirmation Form. This letter will provide the effective date of the discounts.

You may submit the Form 474 once a year for reimbursement of the discounts for non-recurring services for the entire year. You may also file more frequently. Quarterly filing of Forms 474 for recurring services is recommended as that allows for a smoother processing flow with fewer delays in the distribution of authorized funds.

Invoice Deadlines and Extension Requests

Invoice Deadlines

After a Form 486 has been properly filed, the SLD must receive an invoice from either the applicant (Form 472) or the service provider (Form 474) in order to make payments for approved discounts on eligible services.

Invoices must be postmarked no later than:

- 120 days after the last date to receive service or
- 120 days after the date of the Form 486 Notification Letter

whichever is later

If an invoice is postmarked after the deadlines listed above, payment will be denied.

Invoice Deadline Extension Requests

Information is available in the Invoice Deadline and Extension Requests document posted in the Reference Area of the SLD web site at www.sl.universalservice.org. Information is also available by sending an e-mail to question@universalservice.org, by sending a fax to 1-888-276-8376, or calling the SLD Client Service Bureau at 1-888-203-8100.

Where to File?

The Form 474 may be submitted online, manually, or electronically.

You may complete and submit the Form 474 online at the SLD web site at www.sl.universalservice.org under SLD Forms. Scroll down to the bottom of the page to Service Provider Forms and locate the Online Filing option for the Form 474 (Service Provider Invoice Form).

You may complete and submit the Form 474 on paper, and mail it to the SLD at: **SLD-Form 474, P.O. Box 7026, Lawrence, KS 66044-7026**, or alternatively, for those service providers using express delivery services or U.S. Postal Service Return Receipt, the following address should be used: **SLD-Form 474, c/o Ms. Smith, 3833 Greenway Drive, Lawrence, KS 66046**.

You may complete and submit Form 474 electronically, which requires encryption. Please request information about that process by sending an e-mail to serviceprovider@sl.universalservice.org. (Please note the "sl." prefix.)

Note DO NOT FILE THIS OR ANY OTHER UNIVERSAL SERVICE FORM WITH THE FEDERAL COMMUNICATIONS COMMISSION.

Compliance.

Anyone filing false information is subject to penalties for false statements, including fine or forfeiture, under the Communications Act, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

All of the information required in the Form 474 must be completed, in order for this form to be accepted by SLD for entry into our data system. These instructions set forth the requirements for a valid entry. If you have any questions about completing this form, please visit the SLD web site at www.sl.universalservice.org or contact the SLD Client Service Bureau at 1-888-203-8100 before submitting the Form. If the form is not properly completed, the SLD will contact you to advise you to submit a new Form 474.

Where to Get More Information?

Information is available on the SLD web site at www.sl.universalservice.org. Information is also available by sending an e-mail to serviceprovider@sl.universalservice.org, by sending a fax to 1-888-276-8736, or by calling the SLD Client Service Bureau at 1-888-203-8100.

III. SPECIFIC INSTRUCTIONS

Type or clearly print in the spaces provided. Please attach additional pages only when necessary.

Block 1 Service Provider Information

Item 1 - Service Provider Name. Provide your name as indicated on the corresponding FCDL.

Item 2 - Service Provider Identification Number (SPIN). Provide the number assigned to your company for delivering the services included within the FRNs for which you are submitting this Form 474. An FRN is a distinct service or group of services included in a Block 5 of the applicant's Form 471. Remember only one SPIN is permitted per form

Item 3 - Contact Person's Name. Provide the name of the person who should be contacted if the SLD has questions about this Form 474. The contact person must be able to answer questions in a timely manner regarding the information included in this Form 474 and about the eligible services that have been or are being provided.

Item 4 - Contact Telephone Number, Fax Number and E-Mail Address. Provide the telephone number with area code for contacting the person identified in Item 3. You may also include an extension of up to four (4) digits, for a total of 14 digits. Provide the fax number with area code and the email address for contacting the person identified in Item 3

Item 5 - Service Provider's Form Identifier. Please assign a unique number of your own devising, such as the invoice number assigned to your customer's bill, to facilitate processing of THIS particular Form 474. We will refer to this number to identify this particular invoice should we need to contact you concerning this Form 474.

Item 6 - Date Form 474 Submitted to SLD. Provide the date you completed and mailed or electronically transmitted THIS Form 474 to SLD. Please note that this date is expected to be later than the date that you submitted the bill to your customer pursuant to an approved FRN for the eligible services.

Item 7 - Total Invoice Amount. Provide the total amount associated with this Form 474. **This amount must equal the sum of the entries in Column 14.**

Block 2 Funding Request Number Information

Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

Top of each page after page 1: To help alleviate problems caused if the pages of this form become separated, please provide the SPIN (Item 2), your Service Provider's Form Identifier (Item 5), and name and phone number of the contact person (Item 3 and Item 4a) at the top of each page in the space provided.

Columns 8 through 14

The information requested in the following columns should be completed for the eligible services in each FRN for which the service provider with the assigned SPIN set forth in Item 2 has delivered services on or after the effective date of discounts, as reported by the SLD in your Form 486

Notification Letter, and for which you have billed the applicant the undiscounted portion of those services

Column 8 - Form 471 Application Number. This number is assigned by the SLD to the Form 471 that the applicant submitted. This number can be obtained from the FCDL issued by the SLD.

Column 9 - Funding Request Number (FRN). This number is assigned by the SLD to each Block 5 of the Form 471 application containing a request for funding of discounts for a service or group of services. Each FRN is provided in the FCDL issued by the SLD.

Column 10 - Bill Frequency. Provide the time interval that applies to the billing relationship between you and your customer. Select the appropriate item from the drop down box for online filing or one of the following choices: Monthly, Quarterly, Annually, One-Time, or Other.

Do NOT complete BOTH Columns 11 and 12 in the same line. EITHER Column 11 OR Column 12 should be completed for each FRN. If you file more than one Form 474 for the same FRN or if you repeat the same FRN on multiple lines of one Form 474, each form, or line, should have a different entry in Column 11 or in Column 12.

Column 11 - RECURRING SERVICES: First month of the reimbursement period covered by each line. This Column should be completed for reimbursement of discounts for recurring services billed on a monthly or other-than-monthly basis (e.g., quarterly, semi-annually, or annually). For approved recurring services billed for the period covered on a line of this form 474, the entry in Column 11 should be the month and year of the first bill that you issued for the period covered by this line on or after the Actual Service Start Date for this FRN on your Form 486 Notification Letter.

This date must be in 2-digit month and 4-digit year (mm/yyyy) format.

Column 12 - NON-RECURRING SERVICES: Delivery date for the service or first day of reimbursement period covered by each line. This column should be completed for non-recurring products/services. The date in Column 12 should either be the date that the products/services were shipped or delivered or the date of the bill.

This date must be in 2-digit month, 2-digit day, and 4-digit year (mm/dd/yyyy) format.

Column 13 - Total (Undiscounted) Amount for Service per FRN. The total undiscounted amount represents the total amount billed per FRN beginning with the Actual Service Start Date as reported by the SLD on your Form 486 Notification Letter and ending with the date of the last bill for which you are seeking reimbursement of the discount on this Form 474. This amount is the total you've billed to your customer for this FRN.

Column 14 - Discount Amount Billed to SLD. The discount amount represents the total amount of funds for which you are seeking reimbursement on this invoice – that is, the discounted portion of Column 13. Before applying the approved discount percentage to the amount in Column 13, you must deduct charges for any ineligible services, or for eligible services delivered to ineligible recipients or used for ineligible purposes. After deducting these charges from the amount in Column 13, apply the approved discount percentage reflected in your FCDL for this FRN, and enter the resulting total in

Column 14. (This figure may differ from the approved funding commitment amount reported by the SLD in your FCDL or your Form 486 Notification Letter because it should be calculated using the figure reported in Column 13.) This is the amount of support that, when combined with the school or library payment to the service provider, equals the total undiscounted amount in Column 13. This number can be greater than the remaining funding committed amount, if for accounting purposes you must enter the total of the actual bills

Note: The SLD will NOT reimburse any amounts that exceed the total approved funding commitment amount.

Reminder: You must complete and submit a Service Provider Annual Certification Form, Form 473, to SLD in order for your Form 474 to be processed promptly. Please be sure to complete and submit the Form 473 before you submit any Form 474 to SLD.